

COMPLAINT BY A PRISONER UNDER
RIGHTS ACT. 42 U.S.C. 1983

E-filing

NAME WILLIE WEAVER

PRISONER NUMBER J-91389

INSTITUTIONAL ADDRESS PELICAN BAY
STATE PRISON P.O. Box 7000

CRESCENT CITY, CA. 95531.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CV 08 1582

WILLIE WEAVER

(ENTER THE FULL NAME
OF PLAINTIFF IN THIS
ACTION)

CASE NO. JW
(TO BE PROVIDED
BY THE CLERK OF
COURT)

VS.
DIRECTOR, WARDEN, FIRST

(PR)

WATCH MEDICAL ASSISTANT WARDEN, CAPTAIN, COMPLAINT UNDER
LIEUTENANT SERGEANT, THE CIVIL RIGHTS
CORRECTIONAL OFFICER, ACT 42 U.S.C. 1983
INMATES CELL 204, 203.

(ENTER THE FULL NAME

OF DEFENDANT(S) IN THIS ACTION)

(ALL QUESTIONS ON THIS COMPLAINT FORM
MUST BE ANSWERED IN ORDER FOR YOUR
ACTION TO PROCEED.)

1. EXHAUSTION OF ADMINISTRATIVE
REMEDIES

NOTE: YOU MUST EXHAUST YOUR ADMINI-
STRATIVE REMEDIES BEFORE CLAIM CAN
GO FORWARD, THE COURT WILL DISMISS
ANY UNEXHAUSTED CLAIMS)

A. PLACE OF PRESENT CONFINEMENT P.S.U

B. IS THERE A GRIEVANCE PROCEDURE IN
THIS INSTITUTION? YES (X) NO ()

C. DID YOU PRESENT THE FACTS IN YOUR
COMPLAINT FOR REVIEW THROUGH THE
GRIEVANCE PROCEDURE? YES (X) NO ()

D. IF YOUR ANSWER IS YES, LIST THE
APPEAL NUMBER AND THE DATE AND RESULT
OF THE

COMPLAINT (1)

APPEAL AT EACH LEVEL OF REVIEW, IF YOU DID NOT PURSUE A CERTAIN LEVEL OF APPEAL EXPLAIN WHY.

1. INFORMAL APPEAL _____
2. FIRST FORMAL LEVEL _____
3. SECOND FORMAL LEVEL _____

E. IS THE LAST LEVEL TO WHICH YOU APPEALED THE HIGHEST LEVEL OF APPEAL AVAILABLE TO YOU?

YES () NO (X)

F. IF YOU DID NOT PRESENT YOUR CLAIM FOR REVIEW THROUGH THE GRIEVANCE PROCEDURE,

EXPLAIN WHY, _____ STILL BEING PROCESSED

II. PARTIES

A. WRITE YOUR NAME AND YOUR PRESENT ADDRESS DO THE SAME FOR ADDITIONAL PLAINTIFFS, IF ANY. WILLIE WEAVER

PELICAN BAY STATE PRISON P.O. BOX 7000
CRESCENT CITY, CA. 95531

B. WRITE THE FULL NAME OF EACH DEFENDANT HIS OR HER OFFICIAL POSITION, AND HIS OR HER PLACE OF EMPLOYMENT.

DIRECTOR, WARDEN, ASSIST WARDEN,
CAPTAIN, LIEUTENANT, SERGEANT,
CORRECTIONAL OFFICERS, INMATES IN
CELL 211, 110, 209, 208, 207, 204, 203
MEDICAL

STATEMENT OF CLAIM

STATE HERE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. BE SURE TO DESCRIBE HOW EACH DEFENDANT IS INVOLVED AND HOW TO INCLUDE DATES, WHEN POSSIBLE DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES IF YOU HAVE MORE THAN ONE CLAIM, EACH CLAIM SHOULD BE SET FORTH IN A SEPARATE NUMBERED PARAGRAPH.

SLEEP DEPRIVATION OF PLAINTIFF OF HIS SLEEP ON FIRST WATCH, FROM HIS NEIGHBOR'S CALLING HIM NAMES THREATING, HARASSING, CONSPIRACY IN CELL 211, 209, 208, 207, 204, 203, 110 HE'S BEING WOKEN FROM SLEEP OF SENSOR DEVICE MACHINE THESE ARE WITNESSES ARE HAVING THE SAME PROBLEMS JOHN RABE D-58042 B-2 CARLOS LUTZ, 03/01/08 MONTEZELLO 1# BLOCK DEFENDANT(S)

SHOWED DELIBERATE INDIFFERENCE UNDER THE EIGHT AMENDMENT THAT IN RELIEF CONSTITUTE CRUEL UNUSUAL PUNISHMENT YOUR COMPLAINT CANNOT GO FORWARD UNLESS YOU REQUEST SPECIFIC RELIEF. STATE BRIEFLY EXACTLY WHAT YOU WANT ARE THE COURT TO DO FOR YOU MAKE NO LEGAL ARGUMENTS. CITE NO CASES OR STATUTES.

LIABILITY DAMAGES: 50,000 FIFTY THOUSAND DOLLARS DUE TO: THREATING, HARASSMENT'S, CONSPIRACY'S, U.S. CONSTITUTIONAL VIOLATIONS, PENAL CODE VIOLATION.

PUNITIVE DAMAGES: 50,000 FIFTY THOUSAND DOLLARS DUE TO: MENTAL ANGUISH, STRESS DISORDER

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

SIGNED THIS 03 DAY OF 09 2008

COMPLAINT